

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005939 (2)**

1. Corporation Name

**GREATER TAMPA BAY AUTOMOBILE DEALERS PAC, INC.**



Principal Place of Business	Mailing Address
C/O GEORGE WILSON, III 4907 LYFORD CAY ROAD TAMPA FL 33629	C/O GEORGE WILSON, III 4907 LYFORD CAY ROAD TAMPA FL 33629-4828

3. Date Incorporated or Qualified <b>12/18/1995</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	29
Country	30

4. FEI Number <b>59-3414673</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>ADAMS, JAMES D</b> <b>7300 WEST CAMINO REAL</b> <b>BOCA RATON FL 33433</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D CARLISLE, STEVEN D</b>
STREET ADDRESS	<b>224 POINCIANA LN</b>
CITY-ST-ZIP	<b>HARBOR BLUFFS FL 34640</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D LINDELL, CARL JR</b>
STREET ADDRESS	<b>4940 ST CROIX DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D MARKS, KEN JR</b>
STREET ADDRESS	<b>2408 HAMPTON LN W</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PARKS, RONALD R</b>
STREET ADDRESS	<b>3320 SAN NICHOLAS</b>
CITY-ST-ZIP	<b>TAMPA FL 33629</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Ralph Ghioto, III</b>
STREET ADDRESS	<b>4400 N. Dale Mabry Hwy.</b>
CITY-ST-ZIP	<b>Tampa, FL 33614</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Exec D George O. Wilson, III</b>
STREET ADDRESS	<b>4907 Lyford Cay Road</b>
CITY-ST-ZIP	<b>Tampa, FL 33629</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Mark Belviso</b>
STREET ADDRESS	<b>POB 17719</b>
CITY-ST-ZIP	<b>Clearwater, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Terry Hawkins</b>
STREET ADDRESS	<b>5151 34th Street N.</b>
CITY-ST-ZIP	<b>St. Petersburg, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George O. Wilson **3/27/97** 813-286-0285  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048846

CR2E037 (9/96)